

MAY-10-04 02:36PM FROM- MATTINGLY, STANGER & MALUR, P.C.

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FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9306

To: Examiner M. Maskulinski
Group Art Unit 2184, USPTO

From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 09/622,372
Attorney Docket No.: ASA-904

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

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CHANGE OF CORRESPONDENCE ADDRESS APPLICATION; and
Credit Card Payment Form in the amount of \$420.00
In payment of Two-month Extension of Time Fee.

Daniel J. Stanger
Daniel J. Stanger
Reg. No. 32,846

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MAY 10 2004
PATENT & TRADEMARK OFFICE
FORM PTO-1083PATENT
Case Docket No. ASA-904In RE application of T. SEKIGUCHI et al
Serial No.: 09/622,372

Group Art Unit: 2184

Filed: August 16, 2000

Examiner: M. Maskulinski

For: COMPUTER SYSTEM AND FAULT PROCESSING
METHOD IN COMPUTER SYSTEMAssistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)	(COL. 2)	(COL. 3)	
Total	- 8	Minus ** 10	= 0	
Indep.	+ 2	Minus *** 3	= 0	
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- Credit Card Payment Form**
- A check in the amount of \$ 420.00 is attached in payment of: Two-month Extension of Time Fee.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR 1.17.
- Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Date: May 10, 2004